

Billing Records Obtained by Authorization

From Galveston County EMS

PO Box 939

La Marque, TX 77568

Pertaining to Raymond Luther Allen

For Anthony G. Buzbee

Nell McCallum & Associates, Inc.

19368.006

NMA
ORIGINAL

BILLING RECORD AFFIDAVIT

Records Pertaining To: **Raymond Luther Allen**

Type of Records: **Any and all billing records FOR 2/27/2012 in the possession of or subject to the control of the witness pertaining to Raymond Luther Allen, DOB: 08/30/1977.**

Before me, the undersigned authority, personally appeared Mona Sampson,
who, being by me duly sworn, deposed as follows: (Custodian)

My name is Mona Sampson, I am over eighteen (18) years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the Custodian of Billing/Patient Account Records for: **Galveston County EMS**

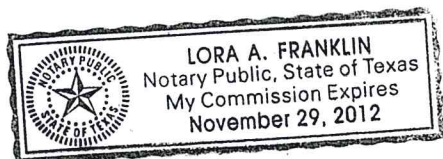
I am the person in charge of billing/patient account records for the above facility. Attached to this affidavit are billing/patient account records that provide an itemized statement of the service and the charge for the service that was provided to **Raymond Luther Allen**. The attached billing/patient account records are part of this affidavit. The total charges for the services rendered to **Raymond Luther Allen** is 1560.00.

The attached records are kept in the regular course of business. The information contained in the records was transmitted in the regular course of business or an employee or representative who had personal knowledge of the information. The records were made at or near the time or reasonably soon after the time that the service was provided. The records are the original or an exact duplicate of the original.

The service provided was necessary and the amount charged for the service was reasonable at the time and place that the service was provided.

Mona Sampson
AFFIANT (Custodian)

Sworn to and subscribed before me on the 11 day of May, 2012.

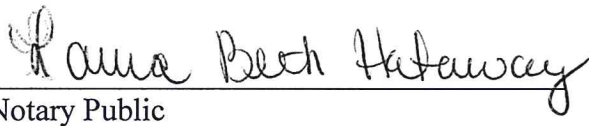


[Signature]
NOTARY PUBLIC
My Commission Expires: 11.29.12

I, Laura Beth Hataway, a Notary Public in and for the State of Texas, do hereby certify that the foregoing Testimony of the Witness, Mona Sampson, after said witness was duly sworn by Lora A. Franklin was delivered to Nell McCallum & Associates, Inc.

I further certify that said Original Answers are being delivered to Anthony G. Buzbee, the requesting attorney, for safekeeping and use at trial.

Given under my hand and seal of office on May 16, 2012.


Notary Public



Nell McCallum & Associates, Inc.
Beaumont/Houston, Texas

19368.006

Nell McCallum & Associates, Inc.

has verified that these records are complete
and the best possible quality

Galveston Area Ambulance Autho

PO Box 939
LA MARQUE, TX 77568
(409) 938-2265
Federal Tax ID: 74-1818451

Patient Name: RAYMOND ALLEN

Insurance:

Patient Number: 12110

Call Number: 201200001562

Date Of Call: 02/27/2012

Call Time: 11:16 AM

Caller:

From Location: 2827 61st

To Location: UTMB- ER

RAYMOND ALLEN
2811 AVENUE M
GALVESTON, TX 77550

Reason(s) 427.5

For 427.5

Transport 780.01

<u>DESCRIPTION OF CHARGES</u>	<u>HCPC</u>	<u>QUANTITY</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
ALS,Level2(ALS2)	A0433	1.0	1500.00	1500.00
Mileage	A0425	4.0	15.00	60.00

Total Charges 1560.00

Total Credits 0.00

PLEASE PAY THIS AMOUNT => \$1560.00

^DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT^

Patient Name: ALLEN, RAYMOND
Patient Number: 12110

Call Number: 201200001562
Current Date: 05/02/2012

Amount Due: \$1560.00

Amount

Enclosed \$ _____

Your bill for ambulance service is 30 days past due. If your payment is in the mail,
please disregard this notice. If you have any questions, please call our office between
8AM and 5PM.

Galveston Area Ambulance Autho PO Box 939 LA MARQUE, TX 77568-0939

THE BUZBEE LAW FIRM

JPMorgan Chase Tower
600 Travis, Suite 7300
Houston, Texas 77002
713-223-5393
713-223-5909 (Fax)

Authorization For Use or Disclose Protected Health Information

As required by the Health Information Portability and Accountability Act of 2003 (HIPAA) and Texas Law; this practice may not use or disclose your individually identifiable health information except as provided in our Notice of Privacy Practices without your authorization. Your completion of this form means that you are giving permission for the uses and disclosure described below. Please review and complete this form carefully. It may be invalid if not fully completed. You may wish to ask the person or entity you want to receive your information to complete the sections detailing the information to be released the purposes for the disclosure.

I hereby authorize Hallveston County EMS to use and disclose health information concerning: (Patient Name) RAYMOND LUTHER ALLEN
Address: _____

☒ Any and all health information, including, but not limited to, itemized billing, mental health records, drug and/or alcohol abuse records and/or HIV test results, if any, except as specifically provided below:

All Billing Records For 2/27/2012 DOD 2/29/12
DOB 8/30/77

☒ All psychotherapy notes may be released except as specifically provided below: _____

This health information may be disclosed to: THE BUZBEE LAW FIRM b/h NELL McCALLUM & Assoc.

This information may be used only for the following purposes: LEGAL LITIGATION

I understand that I may revoke this authorization at any time notifying this medical practice in writing. My revocation will not affect actions taken by this medical practice prior to its receipt.

I understand that if neither federal nor Texas privacy law apply to the recipient of this information, the information disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected by federal law.

I understand that my health care treatment or benefits will not be affected whether I sign or do not sign this form and I have the right to receive a copy of this authorization.

This authorization is effective now and will remain effective until END OF LITIGATION
(Expiration Event or Date)

Signed: X Sabrina Allen Dated: 3-23-12

Print Name: Sabrina

DOB: 9-2-78 SSN: 454-777-7786

If not signed by the patient, Relationship: ☐ Parent or Guardian ☐ Guardian/Conservator of incompetent patient
☒ Beneficiary or Personal Representative of deceased patient

Name of patient: Raymond Luther Allen DOB 8/30/77 SSN: 467-71-5343

NOTE: A Photocopy of This HIPAA Shall Have The Same Effect As An Original